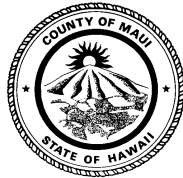


COUNTY OF MAUI
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT (DEM RG)
FY 2015 (July 1, 2014 – June 30, 2015)

Grant Application Packet

- I. General Information & Instructions**
- II. Grant Summary Application**
- III. Grant Application**
- IV. Budget Forms**
- V. Sample Forms**



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Solid Waste Division, Recycling Section
200 South High Street
Wailuku, Maui, Hawaii 96793
Telephone: (808) 270-7880 — **Fax:** (808) 270-7843

COUNTY OF MAUI
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT RECYCLING GRANT
FY 2015 (July 2014– June 2015)

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DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
200 South High Street, Wailuku, Maui, Hawaii 96793

ENVIRONMENTAL MANAGEMENT RECYCLING GRANT TIMELINE

POSTED ON WEB:	Wednesday, January 15, 2014
APPLICATION AVAILABILITY:	Friday, January 24, 2014
APPLICATION	On line (fillable forms): www.mauicounty.gov/recycle Pick-up: Dept. of Environmental Management/Solid Waste Division, One Main Plaza, 2200 Main St. Suite 200, Wailuku, HI By Mail: Call 808-270-7880
FY2013 GRANT WORKSHOP:	Friday, January 31, 2014, 3:00 pm – One Main Plaza Conference Room, One Main Plaza, 2200 Main St., Suite 602 Applicants from Lanai and Molokai may set up separate meetings with the Recycling Coordinator if they cannot make the workshop.
GRANT SUMMARY DUE:	Friday, February 7, 2014, 4:00 pm
GRANT REVIEW COMMITTEE:	Wednesday, February 12, 2014, 2:30 pm – Grant Application Summary Review
NOTIFICATION:	Friday, February 14, 2014 – Acceptance/Rejection of Grant Summary. If accepted, applicant will complete full application. Applicants make appointment to meet with Recycling staff to review grant application, budget, supporting documents, etc.
APPLICATION DEADLINE:	<u>Postmarked by FRIDAY, FEBRUARY 28, 2014</u> or <u>Hand delivered by FEBRUARY 28, 2014, 4:00 pm</u> to the <u>Recycling Section</u> office, One Main Plaza, 2200 Main Street, Suite 200, NO EXCEPTIONS.
GRANT REVIEW COMMITTEE:	Wednesday, March 12, 2014, 10 am – Full Grant Application Review
RECOMMENDATIONS TO DEM Director:	Monday March 17, 2014 – Send grant recommendations to DEM Director
REQUEST TO DRAFT GRANT AGREEMENT	Monday, March 31, 2014 – Send grant request to Corp Counsel
APPROVAL BY MAYOR:	Wednesday, April 30, 2014 – Mayor's signature on grant agreement
COUNTY BUDGET:	June 6, 2014 – Final Reading June 2014 – Mayor signs/vetoes budget
NOTIFICATION & AWARDS:	June 2014 – Grantees notified of awards (based upon funding)
GRANTS START:	July 1, 2014

DATES SUBJECT TO CHANGE.

NOTICE OF GRANT FUNDS

Notice is hereby given that the County of Maui is soliciting grant applications/proposals from the public for the use of available funds from the:

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT RECYCLING GRANT PROGRAM FISCAL YEAR 2015

Estimated Funds Available - \$157,000 (subject to County Council appropriations)

Applications are available beginning **Friday, January 24, 2014**, 8 am to 4 pm at the Department of Environmental Management, Solid Waste Division, Recycling Section, One Main Plaza, 2200 Main Street, Suite 200, Wailuku, Maui, Hawaii 96793. The application will also be available online at www.mauicounty.gov/recycle. A recommended grant application workshop will be held **Friday, January 31, 2014**, 3:00 pm, One Main Plaza, on the sixth floor, in the One Main Plaza Conference Room, Suite 602. If the applicant cannot attend the workshop, please call the Recycling Section at 270-7880.

Deadline for the completed preliminary Grant Application Summary is **Friday, February 7, 2014**, at 4 pm. Summaries will be reviewed and applicants will be notified if they have been accepted to complete the full Department of Environmental Management Recycling Grant Application.

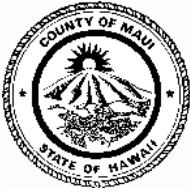
Deadline for the completed full grant application is **Friday, February 28, 2014**, at 4:00 pm. All accepted applicants are responsible to ensure that all required documents are submitted and verified for completeness by the Recycling Section prior to the submittal date.

Grant applications may be accepted throughout fiscal year 2015 subject to County Council appropriation and on the availability of funds. For more information call the Recycling Section at 270-7880. For those calling from Lanai, call 1-800-272-0125 x7880, and from Molokai, call 1-800-272-0117 x7880.

Projects must be consistent with the goals of the Recycling Section, Solid Waste Division, Department of Environmental Management, and focus on landfill diversion, including, but not limited to: education and improvements of existing programs, electronics collection, reuse center, paint and household battery collection. Submittal of the Grant Summary Application or the complete Grant Application does not guarantee funding.

AUTHORIZED By

Kyle K. Ginoza, P.E.
Director DEM



COUNTY OF MAUI

**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
SOLID WASTE DIVISION, RECYCLING SECTION**

One Main Plaza, 2200 Main Street, Suite 200, Wailuku, Maui, Hawai'i 96793

Tel: (808) 270-7880 Fax: (808) 270-7843

www.mauicounty.gov/recycle

General Information, Application and Instructions
COUNTY OF MAUI DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECYCLING GRANTS FY 2015 (7/1/14 to 6/30/15)

1. **Fill out the Grant Application Summary and return it by Friday, February 7, 2014, 4:00 PM.** If you are approved to submit a full grant application, please follow the instructions outlined below.
2. Full **Application** and **ALL** required supporting documents must be received by the Department of Environmental Management, Solid Waste Division, Recycling Section. Mail to the above address or hand-deliver to One Main Plaza, 2200 Main Street, Suite 200, by the deadline date and time.

DEADLINE: FOR ALL DOCUMENTATION IS
FEBRUARY 28, 2014 at 4:00 PM

3. Mailed applications and all required supporting documents must be postmarked **No Later Than February 28, 2014.** Neighbor Islands and Hana applicants should complete the application in time for submission by the deadline date.
NO EXCEPTIONS.
4. Incomplete applications or applications with missing documents **WILL BE REJECTED.**
5. **Original copy** of the grant application must be signed and dated.
6. Early submittal of completed applications and required supporting documents is encouraged.

The DEM, Solid Waste Division, Recycling Section staff will be available during the application preparation period to provide technical assistance and information regarding the Department of Environmental Management Recycling Grants (DEMRG) program. Please call if you need assistance or information on the preparation and submission of this grant application and/or supporting documents.

If you need more information or assistance, please call:
Maui 808-270-7880, Lanai 800-272-0125x7880, Molokai 800-272-0117x7880

**GRANT APPLICATION SUMMARY
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT (FY 2015)**

Please submit 5 copies of the summary and questions

DUE DATE: February 7, 2014 4:00 PM

Phone: 808-270-7880 • Fax: 808-270-7843

www.mauicounty.gov/recycle

recycle.maui@mauicounty.gov

Mailing address: County of Maui Solid Waste Division, Recycling Section 200 S. High Street Wailuku, Maui, HI 96793	Hand deliver to: Solid Waste Division One Main Plaza, 2200 Main Street, Suite 200 Wailuku, Maui, Hawaii, 96793
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PROJECT NAME: _____

Legal Name of Organization: _____

Mailing Address: _____

Project Manager: _____

Signature: _____

Phone: _____ **E-mail:** _____

Fax: _____ **Website:** _____

Estimated Grant Amount Requested: \$ _____

Please describe purpose of grant (in 100 words or less):

This grant request will be based on answers to the following questions:

1. What percentage of the annual operating budget for this project does this grant request represent?
_____ %
2. What percentage of this grant request is for:

_____ % education	_____ % processing (include equipment)
_____ % marketing and for promotion	_____ % manufacturing (include equipment)
_____ % diversion	_____ % other
3. If the grant request is for education, explain how the effectiveness of the education program will be measured.
4. If the grant request is for marketing and/or promotion, explain how the effectiveness of the marketing campaign will be measured.
5. If the grant request is for diversion or processing (including equipment), how many estimated tons will be diverted from landfill? If more than one material, identify quantity of each.
6. If the grant request is for manufacturing (including equipment), what will be the increase in productivity? How will the grant for manufacturing allow the enterprise to be more sustainable?
7. What percentage of the grant will be for:

_____ % salaries, benefits, payroll taxes, worker's comp. insurance	_____ % sub-contractor(s)
_____ % liability insurance	_____ % location overhead
_____ % equipment	_____ % other:
8. Attach a one page estimated budget based on total grant funds requested. Give an estimated value of in-kind services.

**COUNTY OF MAUI
ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT (FY 2015)**

APPLICATION INSTRUCTIONS

Policies

1. Only **one (1)** application will be accepted per agency/organization: All projects must be incorporated into a **single** grant application. Multiple applications from a single agency **will not be accepted.**
2. **Umbrella Application:**
An Umbrella application is defined as a request for funding submitted by current and viable 501(c)(3) or (4) nonprofit organization on behalf of another group or entity, the purpose for which is to provide the group or entity with endorsement, viability and/or fiscal, administrative or program oversight.

Preparation

1. Use **only** the **current year** grant application and budget forms. The application is provided as a fillable form. The budget forms are available in Excel, upon request.
2. Narrative answers must not exceed **five (5) pages total** including the Executive Summary pages (*Not including attachments*). Answer questions in the order in which they appear. Type the question immediately preceding each answer.
3. **12-point** font is required for narrative. For all tables, 8-point font/type face is allowed.
4. **Attachments** – Include ONLY REQUIRED attachments. Place attachments in sequential order. Indicate clearly the corresponding section on each attachment.
5. **Do not** enclose or attach brochures, flyers, photos, maps, letters of support, client testimonies, maps, evaluation tools, graphs/tables/charts, etc.
6. **Do not** place the completed application in a binder or folder of any kind. Securely fasten the proposal.

Submission Format

Please submit proposal documents in the following order:

- a. Application
- b. Narrative responses
- c. Narrative attachments
- d. Budget tables
- e. Budget attachments
- f. Supporting Documents



Please Note: Form is fillable on the computer. However, PRINT COMPLETED FORM BEFORE CLOSING as software may not save your input.

[illegible]

Rev. 12.17.13

NARRATIVE GUIDELINES

INSTRUCTIONS

1. Provide narrative responses in each of the topical categories listed below.
2. Place name of agency and program on the first page of the narrative (Executive Summary).
3. Answer the questions in the order in which they appear.

PROGRAM / SERVICE DESCRIPTION

A. Executive Summary:

Provide a comprehensive overview of the proposed program(s) or service(s) to be delivered. Please limit executive summary to one or two paragraphs for a maximum of 150 words.

B. Need:

What is the problem/need the proposed program is designed to meet?

C. Goal(s) and Objectives:

Clearly state the goal(s) of the program and the specific objectives to be achieved. Goals must be specific and have measurable results (i.e. outputs and/or outcomes).

D. Delivery Plans:

Please provide a clear and specific description of the proposed delivery of service. Detail the strategies, activities, and timeline in such a way that a clear linkage is shown with program goals and objectives.



E. Evaluation:

Describe how you will evaluate the program to ensure that goals and objectives are met and that the desired outcome will be provided.

F. Budget:

Describe how the requested funds will be utilized to achieve the proposed goals and objectives. Explain any deviations from prior year grant budget. This narrative section should dovetail with the budget tables.

Remember:

-  Original signature(s) must be affixed on the application form (pg. 3-7).
-  Attach the first page of grant application to the narrative and budget of each of the five (5) copies. (See: Supporting Documents Checklist.)

**COUNTY OF MAUI – DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT (FY 2015)**

I. QUALIFYING STANDARDS FOR APPLICANTS

Applicants must meet ALL of the following standards. ***(Please check off, as applicable):***

- ☐ Be a profit organization incorporated under the laws of the State of Hawaii, or a nonprofit organization determined to be exempt from federal income tax by the Internal Revenue Service;
- ☐ In the case of a nonprofit organization, have a governing board whose members have no material conflict of interest and serve without compensation;
- ☐ Have bylaws or policies which describe the manner in which business is conducted. Such bylaws or policies shall include provisions relating to nepotism and management of potential conflict of interest situations;
- ☐ Be licensed and accredited in accordance with applicable requirements of federal, state and county governments, as necessary.

II. GRANT CONDITIONS

The applicant agrees to accept the following terms and conditions prior to receiving a grant award. ***(Please check off, as applicable):***

- ☐ Be current in all state, federal and local tax payments;
- ☐ Have written policy statements, **signed and dated**, describing the applicant's policies complying with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, disability or physical handicap, marital status, parental status, arrest and court record, National Guard participation, or AIDS/HIV infection;
- ☐ Have written policies establishing non-discrimination in hiring and client services, sexual harassment, financial audit requirements and fiscal procedure and the applicant's program compliance standards for maintaining an alcohol, tobacco and drug free workplace environment;
- ☐ Comply with all grant budget revision conditions as specified in DEM/SWD/Recycling budget revision implementation and reporting policies and procedures;
- ☐ Applicants based outside of Maui County that propose program services within Maui County must establish a local advisory committee to meet regularly to provide planning and operational input to the County funded program. A designated representative of that committee must also meet regularly with and report directly to the applicant's board of directors.
- ☐ Meet applicable DEMRG insurance requirements. Submit a Certificate of Liability Insurance from a Carrier rated no less than "A-" as established by "AM Best" or "Standard & Poor ratings," with the County of Maui named as "Additional Insured, providing the following minimum coverage of:
 - No less than a Combined Single Limit ("CSL") of liability coverage of \$1,000,000.
 - No erosion of limit by payment of defense costs, and
 - Minimum annual aggregate limit of \$2,000,000.
 - Notification to County 30 days before cancellation prior to scheduled expiration date.

Note: Please have Insurance Carrier use the attached sample, with specific attention to the "Description of Operations."

- ☐ Employ and/or contract persons qualified to engage in the activity to be funded in whole or in part by the County;
- ☐ Agree not to use County funds for purposes of entertainment perquisites (including food), or any other expenditure not directly related to the approved objectives of the project; and
- ☐ Allow DEM/SWD/Recycling staff and/or County auditors full access to records, reports, files and other related documents to ensure that the program, management, administrative and fiscal practices of the recipient may be monitored and evaluated for the proper and effective expenditure of public funds.

III. **CONTRACTS**

Upon successful execution of a Grant Agreement of County Funds contract by all parties – incorporating the terms of this grant application, signatures, certification of funds, notarizations, and the inclusion of corporate and County seals – contracts will be awarded and grant funds disbursed only by the County Director of Finance.

Each grant agreement shall expressly state that the recipient or provider is not an employee of the County, but rather an independent contractor that will indemnify and hold harmless the County, the appropriate contracting applicant, involved officers, employees and agents from and against all claims, damages, or costs arising from, or in connection with, acts or omissions of the recipient or provider.

IV. **RECORDS AND REPORTS**

If applicable, applicant will provide DEM/SWD/Recycling Section with a copy of the most recent management letter from the organization's CPAs; if none was issued, explanatory documentation must be provided. The applicant must keep separate financial records and prepare reports – according to generally accepted accounting principals and as otherwise prescribed by law – detailing the use of County grant funds so that the status of these funds may be quickly determined at any time.

Reporting Requirements: At the end of each quarter of the fiscal year, each recipient of a grant of County funds must submit Quarterly Reports (unless otherwise indicated) to the SWD/Recycling Section according to the provisions specified below and containing the following information:

- **Quarterly Allotment Request Report (QAR);**
- **Quarterly Financial Report (QFR):** financial report pertaining to County funds received and expended or encumbered to date;
- **Quarterly Narrative Reports (QNR):** program activities, staffing and overall program status; and
- **Any other information,** statistics or documentation as may be specified in the Grant Agreement of County Funds or as requested or required by the DEM/SWD/Recycling Section for the purposes of grant management and/or program performance evaluation.

V. **QUARTERLY ALLOCATION OF FUNDS**

Grant funds will be disbursed to Grantees through a quarterly allocation process (unless otherwise indicated) that must include documentation as specified in "Quarterly Reports" (**above**). Allowable expenses include those itemized in the grant application budget and approved by the Recycling Coordinator. The fund's disbursement schedule is based on the conditions for payment specified in the Grant Agreement of County Funds.

VI. RECOGNITION

The grant recipient shall ensure that the County receives appropriate recognition in all publicity and/or advertising materials, for activities and/or events funded in full or in part by the County.

VII. GRIEVANCE PROCEDURE

The applicant will adopt and maintain a grievance procedure to assure proper accounting for any concerns and complaints about its programs or services that may arise from its members, employees, clients or members of the public.

VIII. DISCLOSURE OF INFORMATION

All information, data, and/or any other material provided to the County by virtue of this application, shall be subject to the Uniform Information Practices Act (UIPA), Chapter 92F, Hawaii Revised Statutes. All such material is deemed government record, open to the public, and may be provided to other public and/or private funding sources.

IX. CONTINUED ELIGIBILITY

Any applicant or recipient who withholds or omits any material facts or deliberately misrepresents such facts to the County of Maui shall: 1) immediately be disqualified from consideration for DEM/SWD/Recycling Section Grants funding; or 2) be in violation of the terms of the Grant Agreement of County Funds. In either case a grant agreement may be terminated by the County and the recipient or provider may be liable to reimburse all or a portion of any funds received from the grant.

Such recipient or provider shall be prohibited from receiving any grant, subsidy or purchase of service agreement from the County of Maui for a period of up to five years.

X. ACKNOWLEDGMENT

(Legal Name of Organization)

hereby agrees to administer the _____
(Program Title)

in accordance with the regulations, policies and procedures prescribed by the DEM/SWD. Distribution of DEM Recycling grant funds is limited solely to grantees in full compliance with DEM/SWD/Recycling regulations, policies and procedures. DEM/SWD/Recycling Section reserves the right to withhold grant distributions at any time the grantee is deemed not to be in compliance.

XI. AMENDMENTS TO THE APPLICATION/EVALUATION

Prior to the execution of any changes, additions, amendments or deletions to any portion(s) of the grant application or duly executed Grant Agreement of County Funds, the applicant must submit a written request and justification for those changes to the DEM/SWD/Recycling Section for prior review and approval by Recycling Coordinator.

The applicant must cooperate and assist the DEM/SWD/Recycling Section in any effort to evaluate, inspect or otherwise monitor any and all practices, policies, procedures or activities pursuant to this application or any grant designation or allocation received as a result of this application.

XII. AUTHORITY AND CAPACITY OF APPLICANT

The undersigned hereby certify that the applicant has read and understands all terms, conditions and specifications subject to this application for DEMRG funding and that it has the authority and capacity to develop and submit this application, and to fully administer the program(s) pursuant to this application.

Print Name of Board President/Chairperson

Signature
Required

Signature of Board President/Chairperson

Date

Print Name of Executive Director/Manager

Signature
Required

Signature of Executive Director/Manager

Date

UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

**COUNTY OF MAUI
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT (FY 2015)**

SUPPORTING DOCUMENTS CHECKLIST

Please Note: Form is fillable on the computer. However, *PRINT BEFORE CLOSING* as software may not save your input.

Please submit the following documents or items **in the order listed below:**

☐ **One (1) complete ORIGINAL Grant application**, signed and dated, with **all** supporting documents.

☐ **Four (4) copies of:** Application Form and completed narrative and budget sections.

I. ONE (1) EACH OF THE FOLLOWING DOCUMENTS:

 Attach to only the **ORIGINAL** grant application document.

☐ **ORGANIZATION FLOWCHART** – show placement of proposed program within the organization.

☐ **LIST OF CURRENT BOARD OF DIRECTORS** and Officers to include:

- ✧ Dates of expiration of terms of office,
- ✧ Addresses and phone numbers of board members,
- ✧ Board of Directors meeting schedule for FY 2014 - 2015.

☐ **ANNUAL FINANCIAL STATEMENTS** - Agency's past two (2) years' annual financial statements:

- ✧ Prepared by a qualified accountant and approved/signed by the Executive Director; **OR**
- ✧ Prepared and signed by a Certified Public Accountant (CPA).

☐ **CURRENT AUDIT** - All nonprofit and profit organizations **must** have an audit prepared by an independent CPA at least every **three (3)** years. (See: Qualifying Standards, Item IV, Records and Reports)

☐ **IRS FORM 990** - Most current document for fiscal or calendar year.

☐ **CERTIFICATE OF LIABILITY INSURANCE** – From an authorized Insurance Carrier; with County of Maui as Additional Insured; meeting minimum requirements of Grant Contract.

☐ **SUPPORTING DOCUMENTS AFFIDAVIT** - **Signed** by the Executive Director and Board Chairperson. (*See: Instructions to determine if this document applies to your application*).

II. IF YOU ARE A NEW AGENCY OR IF YOU HAVE NOT SUBMITTED A DEM RECYCLING GRANT APPLICATION WITHIN THE PAST THREE (3) YEARS, YOU MUST SUBMIT ALL OF THE ABOVE DOCUMENTS AND THE FOLLOWING:

☐ **INTERNAL REVENUE SERVICE (IRS) LETTER** - Verification of agency's nonprofit tax-exempt status; **OR**, verification of current tax status for profit organizations (whichever applies).

☐ **ARTICLES OF INCORPORATION** - Must be **signed and dated**.

☐ **BYLAWS** - Must contain specific clauses regarding nepotism and conflict of interest and must be **signed and dated**.

**COUNTY OF MAUI
ENVIRONMENTAL MANAGEMENT
RECYCLING GRANT (FY 2015)**

SUPPORTING DOCUMENTS AFFIDAVIT

Please Note: Form is fillable on the computer. However, PRINT COMPLETED FORM BEFORE CLOSING as software may not save input.

SUBMIT this form if:

- Applicant is currently receiving County of Maui funds for FY2014 under DEM/SWD/Recycling Grants or Line Item funding and the Applicant agency's contract is currently administered by the DEM/SWD Recycling Section; and,
- There have been NO changes within the past year in the Applicant agency's Bylaws, Articles of Incorporation or Nonprofit 501(c)(3) or (4) status and an agency audit or financial statements have been submitted and accepted in accordance with the requirements specified in the Supporting Documents Checklist.

Do NOT use this form if:

- Applicant agency is submitting a DEM Recycling Grant Application for the first time. If you are applying for a DEM Recycling grant for the first time, you must submit all of the documents specified in the Supporting Documents Checklist.

Please check all that apply

- ☐ Applicant agency is currently a valid 501(c)(3) or (4) organization. There has been no change in the non-profit status of this agency within the past year.
- ☐ There have been no changes, additions, deletions or amendments to the existing and lawfully executed Bylaws of the Applicant agency within the past year.
- ☐ There have been no changes, additions, deletions or amendments to the existing and lawfully executed Articles of Incorporation of the Applicant agency within the past year.
- ☐ This agency has submitted and received approval of a valid Audit or Financial Statement(s) in accordance with the requirements specified in the Supporting Documents Checklist.

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Name of Agency

Address

Executive Director-Signature

Date

Board President/Chair-Signature

Date

Note: Budget sheets are available as Excel spreadsheets, upon request.

Revision Date: _____

*Breakdown of Other Resources	
SOURCE	AMOUNT
TOTAL:	\$

**RECYCLING GRANT FY 2015
BUDGET SCHEDULES**

Organization Name: _____
 Program: _____
 Budget Period: _____

Original Date: _____
 Revision No.: _____
 Revision Date: _____

A. PERSONNEL

SCHEDULE OF PERSONNEL (include % of 40 hr. week)	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL PERSONNEL COST	\$ -	\$ -	\$ -

Justification:

B. OCCUPANCY

SCHEDULE OF OCCUPANCY	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL OCCUPANCY COST	\$ -	\$ -	\$ -

Justification:

**RECYCLING GRANT FY 2015
BUDGET SCHEDULES**

Organization Name: _____
 Program: _____
 Budget Period: _____

Original Date: _____
 Revision No.: _____
 Revision Date: _____

C. EQUIPMENT

SCHEDULE OF EQUIPMENT	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL EQUIPMENT COST	\$ -	\$ -	\$ -
Justification:			

D. SUPPLIES

SCHEDULE OF SUPPLIES	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL SUPPLIES COST	\$ -	\$ -	\$ -
Justification:			

**RECYCLING GRANT FY 2015
BUDGET SCHEDULES**

Organization Name: _____

Original Date: _____

Program: _____

Revision No.: _____

Budget Period: _____

Revision Date: _____

E. PROMOTION, PRINTING

SCHEDULE OF PROMOTION, PRINTING	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL PROMOTION, PRINTING COST	\$ -	\$ -	\$ -
Justification:			

F. INSURANCE

SCHEDULE OF INSURANCE	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL INSURANCE COST	\$ -	\$ -	\$ -
Justification:			

**RECYCLING GRANT FY 2015
BUDGET SCHEDULES**

Organization Name: _____

Original Date: _____

Program: _____

Revision No.: _____

Budget Period: _____

Revision Date: _____

G. SHIPPING, FREIGHT

SCHEDULE OF SHIPPING, FREIGHT	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL SHIPPING, FREIGHT COST	\$ -	\$ -	\$ -

Justification:

H. TRAVEL, AUTO EXPENSE

SCHEDULE OF TRAVEL, AUTO EXPENSE	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL TRAVEL, AUTO COST	\$ -	\$ -	\$ -

Justification:

RECYCLING GRANT FY 2015 **BUDGET SCHEDULES**

Organization Name: _____

Original Date: _____

Program: _____

Revision No.: _____

Budget Period: _____

Revision Date: _____

I. OTHER (Detail of Other Expenses or Resources)

SCHEDULE OF OTHER*	AMOUNT REQUESTED	OTHER RESOURCES	TOTAL BUDGET
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL OTHER COST	\$ -	\$ -	\$ -

Justification:

QUARTERLY ALLOTMENT REQUEST (QAR)
COUNTY OF MAUI, DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
SOLID WASTE DIVISION - RECYCLING SECTION
Fiscal Year 2015 (July 1, 2014 to June 30, 2015)

Grant No.:	Date of Request:	FOR OFFICE USE ONLY
Organization Name and Address:		Index Code(s):
		Vendor No.
Program:		

(a) Grant Amount	(b) Previous Payment(s)	(c) This Request	(d) Year-to-Date (b+c)	(e) Grant Balance (a-d)
	\$ -		\$ -	\$ -
<i>I certify that work for which payment is being requested was performed in accordance with the terms of the current fiscal year grant agreement of county funds.</i>				
Name/Title (Please type or print)		Signature		Date

Approved by:	FOR OFFICE USE ONLY
Solid Waste Division Chief	Date
Recycling Coordinator	Date

TO BE COMPLETED BY ORGANIZATION:

√	Quarter	Pmt No.	Description	Amount Requested	Cumulative Amt Received	For Office Use Only
	0	1	25% advance payment*			
	1st	2	25% or cumulative payments not to exceed 50% of grant*		\$ -	
	2nd	3	25% or cumulative payments not to exceed 75% of grant*		\$ -	
	3rd	4	15% or cumulative payments not to exceed 90% of grant*		\$ -	
	4th	5	10% or cumulative payments not to exceed 100% of grant*		\$ -	

*The amount or percentage of a recipient's quarterly allotment payments may vary in accordance with expenditures reported in the QAR. The Recycling Coordinator may make adjustments to the amount paid in advance and/or quarterly payments pursuant to the conditions for payment specified in the Grant Agreement of County funds.

Comments:	FOR OFFICE USE ONLY	
	1. Grant Amount	
	2. Year-to-Date Expenditures (Total on column "C", pg. 2)	
	3. Previous Payments Received (Should equal to Previous Payments; see above)	
	4. Difference (Line 2 minus line 3, if amount is negative, reflect as "0")	
	5. 10% of Line 1	
	6. Allotment Payment (Line 4 or line 5; whichever is less)	
	7. Amount of funds to be lapsed	

QUARTERLY FINANCIAL REPORT
COUNTY OF MAUI, DEM/SWD/RECYCLING GRANT
Fiscal Year 2015 (July 1, 2014 to June 30, 2015)

Organization: _____ **Advance Payment-#1** _____ **July - September (#2)**
Program: _____ **Oct.-Dec.- (#3)** _____ **Jan. - March (#4)**
Grant No.: _____ **April - June Final Payment (#5) Attach Tax Clearance Certificate**

Category		THIS COUNTY GRANT ONLY				
		Grant Amount	Expenditures Previously Reported	Current Quarter Expenditures	Y-T-D Expenditures (columns b+c)	Y-T-D balance
OPERATING EXPENSES		(a)	(b)	(c)	(d)	(e)
A	Personnel - Salaries					\$ -
	Payroll Taxes				\$ -	\$ -
	Personnel Benefits				\$ -	\$ -
B	Occupancy				\$ -	\$ -
C	Equipment				\$ -	\$ -
D	Supplies				\$ -	\$ -
E	Promotion, Printing				\$ -	\$ -
F	Insurance				\$ -	\$ -
G	Shipping, Freight				\$ -	\$ -
H	Travel/Auto Expense				\$ -	\$ -
I	Other (Specify)				\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
TOTAL OPERATING EXPENSES		\$ -	\$ -	\$ -	\$ -	\$ -

The County of Maui reserves the right to request any documentation and/or verification of expenses stated.

Prepared by: Name and Title (print or type) _____ Signature _____ Date _____

Narrative Section (If there are any deviations, please answer the following questions on a separate sheet of paper)	
1	Explain any deviations (+/-15%) in year-to-date expenditures from the commensurate year-to-date quarterly proration, i.e. if 3rd. Quarter "y-t-d" expense amount to only 50%, explain -25% deviation in expenditure.
2	How will the deviation in expenditure rate be adjusted in subsequent quarter(s)?
3	Explain any other significant fiscal or budgetary matters; impacts to overall agency operations and/or delivery of services.

QUARTERLY ALLOTMENT NARRATIVE REPORT

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, SOLID WASTE DIVISION, RECYCLING SECTION
COUNTY OF MAUI – RECYCLING GRANT
FY 2015: JULY 1, 2014 – JUNE 30, 2015

Organization: _____

Grant No.: **G-**_____

Program Name: _____

____ July to September




____ October to December

____ January to March

____ April to June

____ Final

INSTRUCTIONS

-  Provide a narrative response to each question below.
(Please refer to your current grant proposal as a guide in preparing your responses.)
-  Respond to each question below in the order they appear.
-  Limit your responses to no more than four (4) pages in total.

I. Program Status Summary

1. List each program goal/benchmark for this program year.
2. What objectives/action steps were completed this quarter for each goal?
3. What measurable outcomes were achieved this quarter?
4. What objectives/actions steps will be accomplished during the next quarter (except if this is for the last quarter)?

II. Narrative Report

1. What program challenges occurred this quarter and how were they addressed and/or resolved?
2. What staffing changes occurred this quarter? Report any increase in salaries, etc.
3. What staffing changes are pending?

Narrative Report Prepared by:

Print Name/Title

Signature

Date

Narrative Report Reviewed/Approved by:

Office Use ONLY

Print Name/Title

Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Insurance Broker Name	CONTACT NAME:	
	Address	PHONE (A/C, No, Ext):	FAX (A/C, No):
	City, State, Zip	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Named Insured (Policy Holder) Address City, State, Zip	INSURER A: Insurance Compnay, A+ XV	
		INSURER B: Another Insurance Company, AVI	
		INSURER C: One More Insurance Company, A XV	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GLXXX123	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>					MEDICAL (Ea accident) \$ 5,000
	<input type="checkbox"/>	<input type="checkbox"/>					PERSONAL ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT						PRODUCER COM/OP AGG \$ Included
A	AUTOMOBILE LIABILITY			ALXXX456	01/01/2014	01/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCXXX789	01/01/2014	01/01/2015	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Other: Professional Liability			PL2227799	01/01/2014	01/01/2015	Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named Additional Insured as their interest may appear subject to the policy provisions as shown above. Waiver of Subrogation is provided in the favor of the County of Maui on the Workers Compensation policy.

Defense Costs are in addition (or outside) the Limit of Liability.

CERTIFICATE HOLDER

CANCELLATION

County of Maui 200 South High Street Wailuku, Hawaii 96793	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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